Adult (Ages 18 and up) Update Interview

Use this form for backup only. *Do not mail*. Enter data into web-based system. (http://www.ncdhs.gov/mhddsas/nc-topps) Clinician First Initial & Last Name LME Assigned Consumer Record Number 12. For Adult SA individual: Is this consumer receiving or expected to receive methadone \square Y \square N \rightarrow (skip to 15) b. What is the current methadone dosage? Please provide the following information about the individual: mg (enter zero, if none and skip to 15) 1. Date of Birth 13. For dosage level of Methadone greater than zero: 2. Gender a. Please describe the current methadone dosing: \square Induction \rightarrow (skip to c) ☐ Male ☐ Female \square Stabilization \rightarrow (skip to c) 3. Please select the appropriate age/disability category(ies) for ☐ Taper which the individual is receiving services and supports. b. Is the methadone withdrawal voluntary or administrative? (mark all that apply) ☐ Voluntary ☐ Administrative ☐ Adult Mental Health, age 18 and up c. Is methadone being given in a split dosage (e.g., 2 or more ☐ Adult Substance Abuse, age 18 and up doses per day? ☐ Y ☐ N b. If both Mental Health and Substance Abuse, is the treatment at d. What is the consumer's take home level? this time mainly provided by a... ☐ Level 1 (Sunday only) ☐ Level 5 qualified professional in substance abuse ☐ Level 2 ☐ Level 6 qualified professional in mental health ☐ Level 3 ☐ Level 7 (30 days) ☐ Level 4 4. Individual County of Residence: 14. For SA and Methadone individual: SA treatment participation and service units in the past **3 months** (enter zero, if none): **5. Type of Interview** (mark only one) a. Group sessions attended: ☐ 3 month update ☐ 12 month update ☐ 6 month update ☐ Other bi-annual update (18-month, 24-month, b. Individual/Family sessions attended: 30-month, etc.) 6. Assessments of Functioning 15. For Adult SA individual: a. Was the Global Assessment of Functioning (GAF) score Which, if any, of the following medications does this consumer updated in the past 3 months or since the last interview? **take?** (mark all that apply) ☐ Antabuse ☐ Naltrexone ☐ None of these b. Current Global Assessment of Functioning Score: ☐ Buprenorphine 16. Since the last interview, the consumer has attended scheduled treatment sessions... 7. Please indicate the DSM-IV TR diagnostic classification(s) for ☐ Rarely or never ☐ Sometimes ☐ All or most of the time this individual. (See Attachment I) 17. For Adult SA individual: 8. For Female Adult SA individual: Number of drug tests conducted and number positive in the Is this consumer being admitted to a Maternal/Pregnant past 3 months: (Do not count if Positive for Methadone Only) program? 🛘 Y \square N a. Number (enter zero, if none and skip to 18) 9. For Female Adult SA individual: Conducted Is this consumer being admitted to a CASAWORKS b. Number Residential program? (enter zero, if none and skip to 18) \square Y Positive 10. For Adult SA individual: c. How often did each substance appear for all drug tests conducted? Is this consumer being admitted to a Work First program? Alcohol THC **Opiates** Benzo. $\square Y \square N$ 11. Is this consumer also a TASC client? ☐ Y Cocaine **Amphetamines Barbiturates**

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18. Since the individual started services for this episode of treatment, which comprehensive services has the individual received in the following areas? (mark all that apply) Educational improvement Finding or keeping a job Housing (basic shelter or rent subsidy) Transportation Child care Medical care Screening/Treatment referral for HIV/TB/HEP Legal issues	21. In the past 3 months, what best describes your employment status? (mark only one) □ Full-time work (working 35 hours or more a week) → (skip to 22) □ Part-time work (working less than 35 hours a week) → (skip to 22) □ Unemployed (seeking work or on layoff from a job) → (skip to 22) □ Not in labor force (not seeking work) b. If not seeking work, what best describes your current status? (mark only one) □ Homemaker □ Incarcerated (juvenile or adult facility) □ Student □ Institutionalized □ Retired □ None of the above □ Chronic medical condition which prevents employment		
Section II: Complete items 19-34 using information from the individual's interview (preferred) or consumer record 19. How are the next section's items being gathered? (mark all that apply) □ In-person interview (Preferred)	22. In the past 3 months, how often did you participate in a. positive community/leisure activities? ☐ Never ☐ A few times ☐ More than a few times b. recovery-related support or self-help groups? ☐ Never ☐ A few times ☐ More than a few times 23. In the past 3 months, how often have your problems		
☐ Telephone interview ☐ Clinical record/notes	interfered with work, school, or other daily activities? Never A few times More than a few times 24. In the past month, how would you describe your mental		
 20. Do you ever have difficulty participating in treatment because of problems with (mark all that apply) No difficulties prevented you from entering treatment Active mental health symptoms (anxiety or fear, agoraphobia, paranoia, hallucinations) Active substance abuse symptoms (addiction, relapse) Physical health problems (severe illness, hospitalization) Family or guardian issues (controlling spouse, family illness, child or elder care, domestic violence, parent/guardian cooperation) Treatment offered did not meet needs (availability of appropriate services, type of treatment wanted by consumer not available, favorite therapist quit, etc.) Engagement issues (AWOL, doesn't think s/he has a problem, denial, 	health symptoms? Extremely Severe Severe Moderate Mild Not present 25. In the past month, if you have a current prescription for psychotropic medications, how often have you taken this medication as prescribed? No prescription All or most of the time		
runaway, oversleeps) Cost or financial reasons (no money for cab, treatment cost) Stigma/Embarrassment Treatment/Authorization access issues (insurance problems, waiting list, paperwork problems, red tape, lost Medicaid card, IPRS target populations, Value Options, referral issues, citizenship, etc.) Language or communication issues (foreign language issues, lack of interpreter, etc.) Legal reason (incarceration, arrest)	26. In the past 3 months, how many times have you moved residences? (enter zero, if none and skip to 27) b. What was the reason(s) for your most recent move? (mark all that apply) Moved closer to family/friends Moved to nicer or safer location Needed more supervision or supports		
☐ Transportation/Distance to provider ☐ Scheduling issues (work or school conflicts, appointment times not workable, no phone)			

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27. In the past 3 months, where did you live most of the time? ☐ Homeless ☐ Residential program						33. Are you under the supervision of the criminal justice system? (adult or juvenile) ☐ Y ☐ N	
$ \rightarrow (skip \ to \ 28) $ $ \Box \text{ Temporary housing} \rightarrow (skip \ to \ 28) $ $ \Box \text{ Facility/Institution} $ $ \rightarrow (skin \ to \ 28) $						34. For Female Adult SA individual: Do you have children under the age of 18?	
☐ Private or permanent residence ☐ Other \rightarrow (skip to 28) ☐ Other \rightarrow (skip to 28)						$\square Y \square N \rightarrow (skip \ to \ 35)$	
\rightarrow (skip to 28) b. If homeless, please spe	cify your	living si	tuation 1	nost of th	ne		b. Since the last interview, have you (mark all that apply)
time in the past 3 months.						☐ Gained legal custody of child(ren)	
☐ Sheltered (homeless shelter)						Lost legal custody of child(ren)	
Unsheltered (on the street, in a car, camp) 28. For Adult MH only individual:						☐ Begun seeking legal custody of child(ren)	
28. For Adult MH only individual: In the past 3 months, have you used tobacco or alcohol?						☐ Stopped seeking legal custody of child(ren)	
Y N							☐ Continued seeking legal custody of child(ren)
29. For Adult MH only in In the past 3 months, I			icit drug	gs or othe	er subst	ances?	☐ New baby born - removed from legal custody
$\square Y \stackrel{\bullet}{\square} N \rightarrow (skip \ to \ 3)$							
30. Please mark the frequ	ency of	use for e	ach sub	stance in	the		receiving preventive and primary health care?
past month. Substance	Pag	st Month	- Frequ	uency of	Use]	☐ All ☐ Some ☐ None ☐ NA (no children in legal custody)
Substance	Not Used	1-3 times	1-2 times	3-6 times	Daily		d. Since the last interview, have your parental rights been
Tobacco use		monthly		weekly			terminated from all, some, or none of your children?
(any tobacco products)							☐ All ☐ Some ☐ None
Heavy alcohol use (>=5(4) drinks per sitting)							e. Since the last interview, have you been investigated by DSS for child abuse or neglect? $\square Y \square N \rightarrow (skip \ to \ g)$
Less than heavy alcohol use							f. Was the investigation due to an infant testing positive
Marijuana or							on a drug screen? ☐ Y ☐ N ☐ NA
hashish use Cocaine or							g. How many of the children in your legal custody have been screened for mental health and/or substance abuse prevention
crack use							or treatment services?
Heroin use Other opiates/opioids]					☐ All ☐ Some ☐ None ☐ NA (no children in legal custody)
Other oprates/optoids							Section III: Complete items 35-51 from the individual's
Other Drug Use							interview <u>only</u>
(enter code from list below) Other Drug Codes							35. Is the individual present for in-person or telephone
5=Non-prescription Methadone 13=Other Tranquilizer						interview? ☐ Y - Complete items 36-51	
=Other Hallucinogen 15=Other Sedative or Hypnotic						□ N - Stop here	
9=Methamphetamine 16=Inhalant 17=Over-the-Counter 17=Over-the-Coun						36. Females only: Are you currently pregnant?	
11=Other Stimulant 22=OxyContin (Oxycodone) 12=Benzodiazepine 29=Ecstasy (MDMA)						□ Y □ N □ Unsure	
31. For Adult MH individual (6 Month Update only):				(skip to 37) (skip to 37)			
In general, since entering treatment your involvement in the criminal/juvenile justice systyem has						b. How many weeks have you been pregnant?	
☐ Increased ☐ Decreased ☐ Stayed the same						c. Have you been referred to prenatal care?	
32. In the past month, how many times have you						d. Are you receiving prenatal care?	
been arrested or had a petition filed for adjudication for any offense including DWI?							
(enter zero, if none)				<u></u>			

Confidentiality of SA and MH consumer-identifying information is protected under Federal regulations 42 CFR Part 2 and HIPAA, 45 CFR Parts 160 and 164. Consumer-identifying information may be disclosed without the individual's consent to the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS) and to its authorized evaluation contractors under the audit or evaluation exception. Redisclosure of consumer-identifying information without the individual's consent is explicitly prohibited. Your questions may be directed to (919) 515-1310. Sponsored by the NC MH/DD/SAS.

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77. Females only: Have you given birth in the past year? □ Y □ N→ (skip to 38) b. For Adult SA individual: How long ago did you give birth? □ Less than 3 months ago □ 3 to 6 months ago □ 7 to 12 months ago c. Did you receive prenatal care during pregnancy? □ Y d. For Adult SA individual: What was the # of weeks gestation? e. For Adult SA individual:	43. In the past 3 months, how often have you been hit, kicked, slapped, or otherwise physically hurt? Never A few times More than a few times 44. In the past 3 months, how often have you hit, kicked, slapped, or otherwise physically hurt someone? Never A few times			
What was the birth weight?	More than a few times 45. In the past 3 months, have you been forced or pressured to do sexual acts? Y N 46. Since the last interview, how often have you tried to hurt yourself or cause yourself pain on purpose (such as cut, burned, or bruised self)? Never A few times More than a few times 47. Since the last interview, how often have you had thoughts of suicide? Never A few times More than a few times More than a few times 48. Since the last interview, have you attempted suicide? Y N			
 □ Poor □ Baby is deceased → (skip to 38) □ Baby is not in birth mother's custody → (skip to 38) g. Is the baby receiving regular Well Baby/Health Check services? □ Y □ N 				
 8. Since the last interview, have you visited a physical health care provider for a routine check up? \[\sum Y \quid N \] 9. For Adult SA individual: In the past month, if you have a sponsor, how often have you had contact with him or her? 				
□ Don't have a sponsor□ Never□ A few times				
 ☐ More than a few times O. How supportive has your family and/or friends been of your treatment and recovery efforts? ☐ Not supportive ☐ Somewhat supportive 	49. In the past 3 months, how well have you been doing in the following areas of your life? a. Emotional well-being			
☐ Very supportive ☐ No family/friends 1. For Adult SA individual:	significant others			
In the past 3 months, have you used a needle to get any drug injected under your skin, into a muscle, or into a vein for nonmedical reasons? \square Y \square N	□ Y □ N b. had <u>visits</u> to a hospital emergency room? □ Y □ N			
2. For Female Adult SA individual: In the past 3 months, have you participated in any of the following activities without a condom being used? had sex with someone who was not your spouse or primary partner [or] knowingly had sex with someone who injected drugs [or] traded, gave, or received sex for drugs, money, or gifts? Y	 c. spent <u>nights</u> in a medical/surgical hospital? (excluding birth delivery) Y N d. spent <u>nights</u> homeless? (sheltered or unsheltered) Y N e. spent <u>nights</u> in detention, jail, or prison? (adult or juvenile system) Y N 			

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51. How helpful	have the program servi	ces been in				
a. improving the	e quality of your life?					
☐ Not helpful	☐ Somewhat helpful	☐ Very helpful	□ NA			
b. decreasing yo	our symptoms?					
☐ Not helpful	☐ Somewhat helpful	☐ Very helpful	□ NA			
c. increasing yo	our hope about the future	?				
☐ Not helpful	☐ Somewhat helpful	☐ Very helpful	□ NA			
d. increasing yo	our control over your life	?				
☐ Not helpful	☐ Somewhat helpful	☐ Very helpful	□ NA			
	our educational status?					
☐ Not helpful	☐ Somewhat helpful	☐ Very helpful	□ NA			
	our housing status?					
☐ Not helpful	☐ Somewhat helpful	☐ Very helpful	□ NA			
	our vocational/employme					
☐ Not helpful	☐ Somewhat helpful	☐ Very helpful	□NA			
End of interview						
	ht	ttp://www.r	edhs.	web-based system gov/mhddsas/nc-to <u>al this form</u>		

Attachment I: DSM-IV TR Diagnositic Classifications

Childhood Disorders

☐ Learning Disorders (315.00, 315.10, 315.20, 315.90)	☐ Autism and pervasive development (299.00, 299.10, 299.80)			
☐ Motor skills disorders (315.40)	☐ Attention deficit disorder (314.xx, 314.90)			
☐ Communication disorders (307.00, 307.90, 315.31, 315.39)	☐ Conduct disorder (312.80)			
☐ Childhood disorders-other (307.30, 309.21, 313.23, 313.89, 313.90)	☐ Disruptive behavior (312.90)			
☐ Mental Retardation (317, 318.00, 318.10, 318.20, 319)	☐ Oppositional defiant disorder (313.81)			
Substance-Related Disorders				
☐ Alcohol abuse (305.00)				
☐ Alcohol dependence (303.90)				
☐ Drug abuse (305.20, 305.30, 305.40, 305.50, 305.60, 305.70, 305.90)				
☐ Drug dependence (304.00, 304.10, 304.20, 304.30, 304.40, 304.50, 304.60, 304.80, 304.90)				
Schizophrenia and Other	Psychotic Disorders			
☐ Schizophrenia and other psychotic disorders (293	3.xx, 295.xx, 297.10, 297.30, 298.80, 298.90)			
Mood Disorders				
☐ Dysthymia (300.40)				
☐ Bipolar disorde				
☐ Major depression (296.xx)				
Anxiety Dis				
☐ Anxiety disorders (other than PTSD) (293.89, 300.00, 300.01	, 300.02, 300.21, 300.22, 300.23, 300.29, 300.30, 308.30)			
□ Posttraumatic Stress Disorder (PTSD) (309.81) Adjustment D	Disorders			
☐ Adjustment disor				
Personality, Impulse Control				
☐ Personality disorders (301.00, 301.20, 301.22, 301.40, 30				
☐ Impulse control disorders (312.31, 312.32, 312.33, 312.34, 312.39)				
☐ Sexual and gender identity disorders (302.xx, 306.51, 607.84, 608.89, 625.00, 625.80)				
Delerium, Dementia, & Oth				
☐ Delirium, dementia, and other cognitive disorders (290.	xx, 290.10, 293.00, 294.10, 294.80, 294.90, 780.09)			
Disorders Due to Medical Co	ndition and Medications			
☐ Mental disorders due to medical condition (306, 316)				
☐ Medication induced disorders (332.10, 333.10, 333.70, 333.82, 333.90, 333.92, 333.99, 995.2)				
Somatoform, Eating, Sleeping				
☐ Somatoform, eating, sleeping, and factitious disor				
Dissociative D □ Dissociative disorders (300.12, 30				
Other Disc	orders			
☐ Other mental disorders (Codes not listed about	ove)			
	Version 10/2008			